

# Summary Comments

## Legend

<b><u>Audit:</u></b>	term used to refer to all of the evaluations (tools/surveys) administered to a specified group of providers over a specified time period; usually identified by a year and a group number.
<b><u>Site:</u></b>	(if applicable) name given to a particular location where audits for providers in a given area were conducted.
<b><u>Parent Name / Num:</u></b>	(if applicable) name and number of a "parent" or oversight company or organization.
<b><u>Prov. Name / Num:</u></b>	name and number of a provider (provider numbers may have a prefix of 4 numbers and a dash, e.g. 0001-, to indicate a specific evaluation of a single provider within a given audit).
<b><u>Comment Type:</u></b>	type of comment; possibilities include required corrective action, recommendation, and general comment; required corrective action type comments must be addressed by the provider in a plan of correction submitted to DMH/DD/SAS.
<b><u>Level:</u></b>	indicates the entity to which the comment is directed; possibilities include parent, provider, or contractor.

## **Audit: 2007 DMH/DD/SAS Community Support Services Medicaid Audit**

**-- Site: Asheville**

**---- Parent Name / Num: N/A**

**----- Prov. Name / Num: ADVANTAGE HOME AND COMMUNITY / 0001-8301251**

**----- Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCP plans are written/updated per the PCP instructions dated 7/13/06.
- 2 Ensure that documentation is in the full service note format, per the service definition.
- 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

**----- Prov. Name / Num: ADVANTAGE HOME AND COMMUNITY / 0001-8301253**

**----- Comment Type: Recommendations**

----- Level: provider

- 1 Ensure that plans are moved to the PCP format per PCP instructions dated 7/13/06.

**----- Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
- 2 Ensure that a full narrative note is in place, per the service definition, for every service event billed.

- 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: ALPHA OMEGA HEALTH, INC / 0001-8300751**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
  - 2 Ensure that all service notes reflect the assessment of progress toward goals.
  - 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: CAROLINA HABILITATION SERVICES I / 0001-8300501**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Person Centered Plans are moving in the right direction regarding information included. Crisis plans look good. Charts are organized well, made auditing easier.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Person Centered Plan goals relate to diagnosis and symptoms, instead of chores, hygiene, etc.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
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----- **Prov. Name / Num: CNC ACCESS / 0001-8300863**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Staff could benefit from PCP training and Documentation training.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure the service plan identifies the type of service billed.
  - 4 Ensure that all service notes relate to goals listed in the service plan.
  - 5 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 6 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: CNC ACCESS INC / 0001-8300060**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
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----- **Prov. Name / Num: CNC ACCESS INC / 0001-8300062**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 3 Ensure that all service notes/service plans are individualized per person.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: CNC Access, Inc / 0001-8300786**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Interventions need to be more specific to what skills are being taught.
- 2 PCP's need to be revised as interventions are not working.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: COMMUNITY LIFE MANAGEMENT INC / 0001-8301042**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all service notes reflect staff intervention.
  - 4 Ensure that all service notes reflect the assessment of progress toward goals.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: DAVIDSON HOMES INC / 0001-8301039**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure that PCP is completed/revised per the PCP instructions dated 7/13/06.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all service notes reflect staff intervention.
  - 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: EASTER SEALS UCP NORTH CAROLINA / 0001-8300914**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Improvement noted with revised PCP and service notes one of two consumers.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
  - 2 Ensure that all service notes relate to goals listed in the service plan.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: FAMILIES FIRST OF NORTH CAROLINA / 0001-8300998**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: FOOTPRINTS CAROLINA INC / 0001-8300447**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: HOMECARE MANAGEMENT CORPORATION / 0001-8300380**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Recommend legal guardianship be sought as soon as possible for #XXXXXXXXXX.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 3 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: HOMECARE MANAGEMENT CORPORATION / 0001-8300390**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCP's written per PCP instructions.

- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: LIBERTY CORNER ENTERPRISES INC / 0001-8301154**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Plans should have goals reflecting issues related to symptoms of diagnosis (MH), not ADLs.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: MOUNTAIN AREA COMMUNITY SVCS INC / 0001-8300809**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: ONASS PLACE / 0001-8301124**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: ONE LOVE PERIODIC SERVICES INC / 0001-8301457**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that new PCP format is used for updates/revision posted 6/1/06.

- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: PHOENIX SUPPORTED LIVING INC / 0001-8300971**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
- 4 Ensure that there is a full narrative service note for every CS service event billed.
- 5 Ensure that all service notes reflect staff intervention.
- 6 Ensure that all service notes reflect the assessment of progress toward goals.
- 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 8 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: QUALITY MENTAL HEALTH INC / 0001-8301246**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.

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----- **Prov. Name / Num: SKILL CREATIONS, INC. / 0001-8300359**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Annual review of medical necessity date missing.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.

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----- **Prov. Name / Num: UNIVERSAL MH/DD/SAS / 0001-8300625**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Overall staff very cordial and cooperative.
- 2 This provider received their initial letter announcing their Medicaid audit on 2/19/07. The letter outlined the complete audit process and indicated all materials that were needed on-site for the audit. This letter also included copies of the audit tools, audit instructions and plan of correction information. On 2/19, this provider received the list of records to be audited on their scheduled audit date of 3/6/07. At the beginning of the audit, the items needed for the audit were reviewed and the provider was informed of the deadline time that day to have all items available. This provider was unable to provide the following information: no service notes for xxxx for 12/8/06 and XXX for 1/3/07.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 2 Ensure that service notes reflect treatment for the duration of service that was billed.

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**-- Site: Gastonia**

---- **Parent Name / Num: N/A**

----- **Prov. Name / Num: AGAPE SERVICES INC / 0001-8301179**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Encourage staff to reflect more skill building when writing notes.

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----- **Prov. Name / Num: ALL CARE PROVIDERS INC / 0001-8301040**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCps are completed per PCP instructions dated 7/13/06.
- 2 This agency used the wrong PCP format which was audited 3/7/07 (XXXX), which led to some service orders being invalid.
- 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: Compass Adult Care / 0001-8300865**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Records were well organized.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.



- 2 Ensure that all service notes/service plans are individualized per person.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: CONTOUR SERVICES INC / 0001-8301515**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: EASTER SEALS UCP NORTH CAROLINA / 0001-8300507**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
- 3 Ensure that all service notes reflect staff intervention.
- 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 5 Ensure that all service notes/service plans are individualized per person.
- 6 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: Excel Tutoring & Personal Develop / 0001-8300763**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
- 2 Ensure the service plan identifies the type of service billed.
- 3 Ensure that all service notes relate to goals listed in the service plan.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: FINDING YOUR WAY HOMES INC / 0001-8301151**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.

- 2 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: Greater Deliverance World Outreach / 0001-8300928**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Charts well organized.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Basic Medicaid Training.
- 2 PCP Training.
- 3 Ensure admission assessments are completed and include elements required by the Service Records Manual and rule.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
- 4 Ensure that all service notes reflect the purpose of contact.
- 5 Ensure that all service notes reflect staff intervention.
- 6 Ensure that all service notes reflect the assessment of progress toward goals.
- 7 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 8 Ensure that service notes reflect treatment for the duration of service that was billed.
- 9 Ensure that authorizations are in place to cover the date of service.

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----- **Prov. Name / Num: HILLTOP COMPREHENSIVE CARE INC / 0001-8300670**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: HYPTS INC / 0001-8300215**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service by ensuring that guardianship or loco parents is established, that new format is utilized and that author of the plan signs.
- 3 Ensure that all service notes reflect staff intervention.

- 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 5 Ensure that all service notes/service plans are individualized per person.
- 6 Ensure that authorizations are in place to cover the date of service.

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----- **Prov. Name / Num: KINGSPORTE ACADEMY LLC / 0001-8300864**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: NATIONAL MENTOR HEALTHCARE LLC / 0001-8300306**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: RAINBOW ENHANCED ACADEMIC DEVELO / 0001-8301191**

----- **Comment Type: General Comments**

----- Level: provider

- 1 This provider received their initial letter announcing their Medicaid audit on 2/16/07. The letter outlined the complete audit process and indicated all materials that were needed on-site for the audit. This letter also included copies of the audit tools, audit instructions and plan of correction information. On 2/16/07, this provider received the list of records to be audited on their scheduled audit date of 3/7/07. At the beginning of the audit, the items needed for the audit were reviewed and the provider was informed of the deadline time that day to have all items available. This provider was unable to provide the following information: records for the following consumers: xxxxxx, xxxxxx, xxxxx. The provider got records mixed up due to another audit on the same day as this for control #2 (xxxxxx). The first one did not have the medical professional's signature. The very same signature was presented with the (probably a staff person) signature on it. Third one had only the medical professional's signature. Told him it looked too suspicious to accept.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that all service notes relate to goals listed in the service plan.

- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: RHA HEALTH SERVICES, INC / 0001-8300682**

----- **Comment Type: General Comments**

----- Level: provider

- 1 This provider has developed a good document that actually tracks outcomes.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.

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----- **Prov. Name / Num: S & C Youth Services / 0001-8300694**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Make sure the Clinical Home Agency is the agency that provides Community Support Services.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order (original dated Signature by appropriate professional) for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that there is a service note entry for every service event billed.
- 4 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
- 5 Ensure that all service notes reflect staff intervention.
- 6 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 7 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 8 Ensure that service notes reflect treatment for the duration of service that was billed.
- 9 Ensure that authorizations are in place to cover the date of service.

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----- **Prov. Name / Num: Skill Creations, Inc / 0001-8300352**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Provider had well written PCPs.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Provider should consider re-writing their goals in a manner that will allow paraprofessional staff to document specifically what they did to help the consumer to achieve autonomy and reduce the need for this service.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: SPECIAL K ENRICHMENT / 0001-8300898**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that PCPs are completed per the PCP Instructions dated 7/13/07.
- 3 Ensure that all service notes reflect the assessment of progress toward goals.
- 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 6 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: STEPS DEVELOPMENTAL ACADEMY INC / 0001-8301170**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.

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----- **Prov. Name / Num: SUPERIOR HEALTHCARE SERVICES INC / 0001-8300692**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Well organized charts.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 That school input is clearly indicated on PCP.
- 2 That other treatment modalities are considered for the children.

- 3 Proper treatment plan is being followed.
- 4 Treatment plan date not a month after signatures on plan.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: TOTAL MIRACLE KIDS INC / 0001-8300955**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Agency receives training in the areas of PCPs and CS Goal Writing.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCPs are written per PCP Instructions dated 7/13/06.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all service notes reflect staff intervention.
  - 4 Ensure that all service notes relate to goals listed in the service plan.
  - 5 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: United Treatment Facility / 0001-8300818**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: VISION HEALTHCARE PROVIDER SERVI / 0001-8301550**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Review billing practices to ensure documentation is present before billing.
- 2 Review documentation requirements for signatures.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure the service plan identifies the type of service billed.
  - 4 Ensure that all service notes relate to goals listed in the service plan.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: VISIONS OF CARE LLC / 0001-8300220**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 State goals more succinctly.
- 2 Recommend notes not be cut off at the bottom.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that all service notes/service plans are individualized per person.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 6 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: WOTP PROGRAMS INC / 0001-8301429**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure that there is service notes for service provided.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that PCPs are completed per the PCP instructions dated 7/13/06.
- 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

5 Ensure that authorizations are in place to cover the date of service.

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**-- Site:     Goldsboro**

**---- Parent Name / Num:   N/A**

**----- Prov. Name / Num:   A BEACON OF HOPE HABILITATIVE SV / 0001-8300808**

**----- Comment Type:   Required Corrective Actions**

----- Level:   provider

- 1 Ensure that all service notes/service plans are individualized per person.

---

**----- Prov. Name / Num:   Alpha Omega Health Inc / 0001-8300687**

**----- Comment Type:   Required Corrective Actions**

----- Level:   provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that all service notes reflect staff intervention.
- 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.

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**----- Prov. Name / Num:   AMERICAN HEALTH & HUMAN SVS / 0001-8300772**

**----- Comment Type:   Recommendations**

----- Level:   provider

- 1 Make sure plans (interventions) are individualized.
- 2 Annual date for review medical necessity should be completed.

**----- Comment Type:   Required Corrective Actions**

----- Level:   provider

- 1 Ensure that appropriate signatures are obtained when revisions, updates, and reviews are made.
- 2 Ensure that there is a service note entry for every service event billed.
- 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 4 Ensure that all service notes/service plans are individualized per person.
- 5 Ensure that service notes reflect treatment for the duration of service that was billed.

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**----- Prov. Name / Num:   CAROLINA HABILITATION SVCS INC / 0001-8301077**

**----- Comment Type:   Required Corrective Actions**

----- Level:   provider

- 1 Ensure there is a valid service order for the service billed.



- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 3 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 4 Ensure that service authorizations are in place prior to date of service.
- 

----- **Prov. Name / Num: Cedar Grove Group Homes Inc / 0001-8300945**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: COASTAL BEHAVIORAL HEALTHCARE / 0001-8300906**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure that PCP interviews are completed with all involved in the development of the plan.
- 2 Ensure goals relate back to interview needs, preferences, etc.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed
- 

----- **Prov. Name / Num: COUNTRY PINES INC / 0001-8301207**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 For xxxxxxx - recommend a day activity for him -- VR or psycho-social rehab.
- 2 Recommend you have name/medicaid # on each page of documentation by your agency.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 3 Ensure that all service notes reflect staff intervention.
  - 4 Ensure that all service notes reflect the assessment of progress toward goals.
  - 5 Ensure that all service notes relate to goals listed in the service plan
  - 6 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 7 Ensure that all service notes/service plans are individualized per person.
  - 8 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 9 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: DREAM PROVIDER CARE SERVICES INC / 0001-8301273**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that all service notes/service plans are individualized per person.
- 

----- **Prov. Name / Num: EASTER SEALS UCP NC INC / 0001-8301006**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes/service plans are individualized per person.
  - 2 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 

----- **Prov. Name / Num: EDWAR GROUP LLC / 0001-8301473**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Recommend that you have one plan that covers all services (i.e. residential, psychiatric visits, school).
- 2 Ensure that the diagnosis for client xxxxxxxx is resolved. Plan has "Rule out Depressive Disorder".
- 3 Ensure that NC TOPPS and NC SNAP are completed for client xxxxxxxxx.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect the purpose of contact.
- 2 Ensure that all service notes reflect staff intervention.
- 3 Ensure that all service notes reflect the assessment of progress toward goals.

- 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: EDWARDS COMMUNITY SUPPORT SVCS / 0001-8300899**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure the service plan identifies the type of service billed.
  - 4 Ensure that all service notes reflect staff intervention.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 7 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: EMBRACE US, INC / 0001-8301257**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that there is a service note entry for every service event billed.
  - 4 Ensure that all service notes reflect staff intervention.
  - 5 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 6 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 7 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 8 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: GRAHAM NEW HORIZONS INC / 0001-8301478**

----- **Comment Type: General Comments**

----- Level: provider

- 1 This provider received their initial letter announcing their Medicaid audit on 2/9/07. The letter outlined the complete audit process and indicated all materials that were needed on-site for the audit. This letter also included copies of the audit tools, audit instructions and plan of correction information. On 2/9/07, this provider received the list of records to be audited on their scheduled audit date of 2/15/07. At the beginning of the audit, the items needed for the audit were reviewed and the provider was informed of the deadline time that day to have all items available. This provider was unable to provide the following information: service plan/updates, service notes, service authorizations.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that there is a service note entry for every service event billed.
  - 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 5 Ensure that all service notes/service plans are individualized per person.
  - 6 Ensure that service notes indicates the duration of the service and that it matches the units billed
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 8 Ensure that services billed are appropriately authorized.
- 

----- **Prov. Name / Num: GRAHAM NEW HORIZONS INC / 0001-8301479**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Records were very disorganized and were missing required documents.
- 2 This provider received their initial letter announcing their Medicaid audit on 2/8/07. The letter outlined the complete audit process and indicated all materials that were needed on-site for the audit. This letter also included copies of the audit tools, audit instructions and plan of correction information. On 2/8/07, this provider received the list of records to be audited on their scheduled audit date of 2/15/07. At the beginning of the audit, the items needed for the audit were reviewed and the provider was informed of the deadline time that day to have all items available. This provider was unable to provide the following information: authorizations, notes for control #s 7, 6, 5, 3, 1, 2, 8, 10, PCPs missing for #9 and #6. \*Provider representative asked if they should go back and write the missing notes.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that there is a service note entry for every service event billed.
- 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 5 Ensure that all service notes/service plans are individualized per person.
- 6 Ensure that service notes indicates the duration of the service and that it matches the units billed.

7 Ensure that service notes reflect treatment for the duration of service that was billed.

8 Ensure that services billed are appropriately authorized.

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----- **Prov. Name / Num: GRAHAM NEW HORIZONS INC / 0001-8301480**

----- **Comment Type: General Comments**

----- Level: provider

- 1 This provider received their initial letter announcing their Medicaid audit on 2/9/07. The letter outlined the complete audit process and indicated all materials that were needed on-site for the audit. This letter also included copies of the audit tools, audit instructions and plan of correction information. On 2/9/07, this provider received the list of records to be audited on their scheduled audit date of 2/15/07. At the beginning of the audit, the items needed for the audit were reviewed and the provider was informed of the deadline time that day to have all items available. This provider was unable to provide the following information: service plans/PCPs, service notes, service authorizations, service orders.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that there is a service note entry for every service event billed.
- 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 5 Ensure that all service notes/service plans are individualized per person.
- 6 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 7 Ensure that service notes reflect treatment for the duration of service that was billed.
- 8 Ensure that services billed are appropriately authorized.

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----- **Prov. Name / Num: HARBOR HOUSE OF GOLDSBORO / 0001-8301266**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Need QP in SA involvement for consumer xxxxxxxx.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
- 2 Ensure that there is a service note entry for every service event billed.
- 3 Ensure that all service notes reflect staff intervention.
- 4 Ensure that all service notes relate to goals listed in the service plan.
- 5 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.

- 6 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 7 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: Hawthorne Services Inc / 0001-8301062**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 PCP needs symptoms and observations filled out.
- 2 PCP needs to be person centered, i.e. what consumer desires.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure they have valid proof of guardianship and guardian signs PCP (or attempts to get signature) so service plan will be current.
- 2 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.
- 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.

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----- **Prov. Name / Num: LIFE INC / 0001-8300797**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.

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----- **Prov. Name / Num: LUCILLES BEHAVIORAL INC / 0001-8300985**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure authorization names the service to be provided.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 2 Ensure that all service notes/service plans are individualized per person.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: MANUELS SUPPORTIVE LIVING SERVIC / 0001-8301259**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Effectiveness needs to be more individualized and relate to assessment of progress.
- 2 Documentation needs to be more treatment focused for the duration of service delivered.
- 3 Assessments should be in each consumer's record.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
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----- **Prov. Name / Num: MARTIN COUNTY RESIDENTIAL SERVIC / 0001-8301554**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect the assessment of progress toward goals.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: MARYS LOVING ARMS / 0001-8301294**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Recommend making sure all people involved in the person's life are interviewed.
- 2 Number of hours in PCP were not consistent in the PCP.
- 3 Many goals are residential needs and do not reflect a community support need.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that all service notes reflect staff intervention.
- 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 4 Ensure that all service notes/service plans are individualized per person.
- 5 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 6 Ensure that service notes reflect treatment for the duration of service that was billed

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----- **Prov. Name / Num: MAY FRANCES PARTNERSHIP IN CARIN / 0001-8300823**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes relate to goals listed in the service plan.
- 2 . Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: MCIVER HOME / 0001-8301087**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Service notes need to be more detailed.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 2 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: METROPOLITAN COUNSELING SERVICES / 0001-8301365**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure that the appropriate professional signs the PCP to verify medical necessity and order the services.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: NOVA BEHAVIORAL HEALTHCARE CORP / 0001-8300758**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Excellend descriptions of interventions.



- 2 Excellent crisis plans.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that signatures of appropriate persons are obtained when plan is updated/reviewed.
  - 2 Ensure that staff write a description of the progress toward goals, rather than "progress made".
- 

----- **Prov. Name / Num: PARADIGM FACILITY FOR ADULTS INC / 0001-8301107**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that service plans are written as per the PCP instructions dated 7/13/06.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed
- 

----- **Prov. Name / Num: PRIDE IN NORTH CAROLINA INC / 0001-8300245**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Very organized service records.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect the purpose of contact.
  - 2 Ensure that all service notes reflect staff intervention.
  - 3 Ensure that all service notes reflect the assessment of progress toward goals.
  - 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 

----- **Prov. Name / Num: PRIDE IN NORTH CAROLINA INC / 0001-8300247**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Records are very organized.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Recommend re-evaluate number of hours for those children who have a diagnosis of ADHD only.
- 2 Recommend that treatment team meet to inquire about services that could possibly be provided by the school system instead of utilizing excessive community support hours.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.

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----- **Prov. Name / Num: QUALITY CONCEPT INC / 0001-8301143**

----- **Comment Type: General Comments**

----- Level: provider

- 1 This provider received their initial letter announcing their Medicaid audit on 2/9/07. The letter outlined the complete audit process and indicated all materials that were needed on-site for the audit. This letter also included copies of the audit tools, audit instructions and plan of correction information. On 2/9/07, this provider received the list of records to be audited on their scheduled audit date of 2/15/07. At the beginning of the audit, the items needed for the audit were reviewed and the provider was informed of the deadline time that day to have all items available. This provider was unable to provide the following information: The PCP with signature page on all but one consumers and service orders for all but one consumer.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 PCPs need to show interview with everyone important to the person and who knows the consumer best.
- 2 Clinical home on the PCP should be the provider.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that PCP's are written per PCP instructions.
- 4 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
- 5 Ensure that service notes relate to community support services not residential.
- 6 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 7 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: ROOTED AND GROUNDED INC / 0001-8301311**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Staff put position/credentials behind their signature on all documentation.
- 2 Best practice is the QP reviews and signs off on the Para Professional's notes.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that there is a service note entry for every service event billed.
  - 4 Ensure that all service notes reflect the purpose of contact.
  - 5 Ensure that all service notes reflect staff intervention.
  - 6 Ensure that all service notes reflect the assessment of progress toward goals.
  - 7 Ensure that all service notes relate to goals listed in the service plan.
  - 8 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 9 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 10 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 11 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: SKILL CREATIONS INC / 0001-8300585**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure all staff (paraprofessionals) include their position with their signature.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes relate to goals listed in the service plan.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
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----- **Prov. Name / Num: SPECTRUM OF MARTIN COUNTY LTD / 0001-8301123**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure that the PCP symptom/observation section is completed.
- 2 Refer to Service Records Manual on the appropriate way to make corrections on notes, PCP's and other documentation.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
- 2 Ensure that treatment plan is revised when transferred from another agency and legally responsible person signature is obtained.

- 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 5 Ensure that all service notes are individualized per person.
  - 6 Ensure that service notes indicate the duration of the service and that it matches the units billed.
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 8 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: SPIRIT OF EXCELLENCE COMMUNITY O / 0001-8301352**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the documentation corresponds with the correct service.
  - 2 Ensure that service note duration indicates individualized blocks of time per note.
- 

----- **Prov. Name / Num: UPRISING HOMES INC / 0001-8301114**

----- **Comment Type: General Comments**

----- Level: provider

- 1 This provider was unable to provide the following: The PCP with signature page on all but one consumer and service orders for all but one consumer.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure appropriate staff are adequately trained in the PCP process.
- 2 Ensure proper documentation processes are in place for staff.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service and reviews are done based on needs of person changing, target dates and change of provider.
- 3 Ensure the service plan identifies the type of service billed.
- 4 Ensure that there is an original service note entry for every service event billed.
- 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 6 Ensure that service notes are individualized and vary from day to day.
- 7 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 8 Ensure that service notes reflect treatment for the duration of service that was billed

9 Ensure that authorizations are in place to cover the date of service.

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----- **Prov. Name / Num: UPSCALE RESIDENTIAL CARE INC / 0001-8301030**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan identifies the type of service billed.
  - 3 Ensure that all documentation is signed by the person who provided the service.
  - 4 Ensure that there is a service note entry for every service event billed.
  - 5 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 6 Ensure that all service notes reflect the purpose of contact.
  - 7 Ensure that all service notes reflect staff intervention.
  - 8 Ensure that all service notes reflect the assessment of progress toward goals.
  - 9 Ensure that all service notes relate to goals listed in the service plan.
  - 10 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 11 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 12 Ensure that all service notes/service plans are individualized per person.
  - 13 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: VISIONS OF NORTH CAROLINA / 0001-8300988**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure service notes relate to individual goals. Ensure the goal # on the service plan matches the goal # on the note.
- 2 Ensure the frequency is listed on the service plan.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that there is a service note entry for every service event billed.
- 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 5 Ensure that service notes indicates the duration of the service and that it matches the units billed.

6 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: WE ARE ALL CONNECTED INC / 0001-8301680**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure the service plan identifies the type of service billed.
  - 4 Ensure that all documentation is signed by the person who provided the service.
  - 5 Ensure that all service notes relate to goals listed in the service plan.
  - 6 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: WORD OF LIFE OUTREACH INC / 0001-8301346**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 3 Ensure that all service notes relate to goals listed in the service plan.
  - 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 5 Ensure that all service notes/service plans are individualized per person.
- 

----- **Prov. Name / Num: YELVERTONS ENRICHMENT SERVICES I / 0001-8301452**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Diagnostic assessment to be completed within 30 days of admission.
- 2 Assess the individuals for other services.
- 3 Review Medicaid rules for time, rounding off requirements.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention and that all service notes reflect the assessment of progress toward goals.
- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.

- 3 Ensure that all service notes/service plans are individualized per person.
- 4 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 5 Ensure that service notes reflect treatment for the duration of service that was billed.

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**-- Site: Lumberton**

**---- Parent Name / Num: N/A**

**----- Prov. Name / Num: ALTERNATIVE CARE TREATMENT SYSTE / 0001-8301601**

**----- Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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**----- Prov. Name / Num: ARC SERVICES INC / 0001-8301175**

**----- Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

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**----- Prov. Name / Num: ASSOCIATE BEHAVIORAL SRVCS INC / 0001-8300249**

**----- Comment Type: General Comments**

----- Level: provider

- 1 This provider received their initial letter announcing their Medicaid audit on 2/12/07. The letter outlined the complete audit process and indicated all materials that were needed on-site for the audit. This letter also included copies of the audit tools, audit instructions and plan of correction information. On 2/12/07, this provider received the list of records to be audited on their scheduled audit date of 2/27/07. At the beginning of the audit, the items needed for the audit were reviewed and the provider was informed of the deadline time that day to have all items available. This provider was unable to provide the following information: request to Value Options for XXX

**----- Comment Type: Recommendations**

----- Level: provider

- 1 Ensure adequate documentation is kept to reflect requested authorizations for services from Value Options.
- 2 Ensure that goals documented in the service note relate to goals in the service plan.

**----- Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: Carolina Choice LLC / 0001-8301024**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that full service narrative note is written for QP activities.
  - 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: CNC ACCESS / 0001-8300539**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Annual review date of medication necessity to be dated on PCP.
- 2 Symptoms/observations to be completed on the plan.
- 3 Service notes to relate to individual's goals listed in the service plan.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: COMPANION HOME CARE / 0001-8300603**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Service plans are weak.
- 2 Ensure documentation reflects correct terminology.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.



- 3 Ensure the service plan identifies the type of service billed.
- 4 Ensure that all service notes relate to goals listed in the service plan.
- 5 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 6 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: CONCORDIA SUPPORT SERVICES LLC / 0001-8300606**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 PCP goals should be goals only, not information only. Interventions should list what the staff will do to move consumer toward meeting goal.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that all service notes/service plans are individualized per person.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: CONTINUING CARE LLP / 0001-8301544**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure that signatures on service notes include the position for paraprofessional staff.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes relate to goals listed in the service plan.
- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: COORDINATED HEALTH SERVICES INC / 0001-8300382**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Records were well organized.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.

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----- **Prov. Name / Num: DIVINE KONCEPTS INC / 0001-8300948**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Charts were organized well so it made the process go smoothly.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 PCPs need to be revised. Goals should not be related to hygiene or chores in residential sites.
- 2 If a service is not provided in school, goals should not reflect them to be carried out in school.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 4 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: ELDO INC / 0001-8301089**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 2 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: FAMILY ALTERNATIVES INC / 0001-8300307**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: Great Expectations / 0001-8300907**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure that diagnosis is evident on the PCP and that it meets requirements for receipt of CS Services.
  - 3 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 4 Ensure that all service notes reflect the purpose of contact.
  - 5 Ensure that all service notes reflect staff intervention.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 9 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 10 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: HEALTH CARE CONNECTION OF THE CA / 0001-8300880**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure the goals listed in the service plan and service notes correlate.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that goals in service plan follows community support definitions.
  - 2 Ensure that all service notes reflect staff intervention.
  - 3 Ensure that all service notes relate to goals listed in the service plan.
  - 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: HEALTH CARE CONNECTIONS OF THE / 0001-8300235**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Agency needs to refer to PCP Instructions during the development of the PCP.
- 2 Follow Service Records manual for error documentation.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 4 Ensure that the case management functions are carried out and documented by the QP, not an AP.
  - 5 Ensure that all service notes reflect the assessment of progress toward goals.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: HEALTH CARE CONNECTIONS OF THE / 0001-8300238**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 4 Ensure that all service notes reflect staff intervention.
  - 5 Ensure that all service notes reflect the assessment of progress toward goals.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that all service notes/service plans are individualized per person.
  - 9 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 10 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: ICAN AND ASSOCIATES INC / 0001-8301424**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: JOHNSON CENTER HOMES INC / 0001-8300663**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure the service provided is listed in the PCP outcomes under who is responsible.
- 2 Ensure staff understand how to document Community Support outcomes effectively.
- 3 Ensure staff receive training on the PCP guidelines and writing the PCP.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that guardian signs and dates service plan.
  - 4 Ensure that PCPs are completed per PCP instructions dated 7/13/06.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: K CELESTE KIMBROUGH / 0001-8301495**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Interview appropriate people for PCP; complete PCP including correct 1st responder not being a parent.
- 2 Crisis plan needs to include MH crisis and be specific.
- 3 No preprinted dates on service notes or PCP.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure that transportation is not a goal listed in plan/PCP.
  - 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 5 Ensure that all service notes/service plans are individualized per person.
  - 6 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: LIFE SOLUTIONS / 0001-8300827**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that there is a service note entry for every service event billed.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 5 Ensure that the total number of hours reflected in the documentation reflects only those hours the child is in school.
- 

----- **Prov. Name / Num: MAGBY ASSOCIATES INC / 0001-8301377**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the PCP interview section and signature page are completed per the 7/13/06 PCP instructions.
  - 2 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that all service notes/service plans are individualized per person.
  - 5 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: MAKIN CHOICES INC / 0001-8301222**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all service notes reflect staff intervention.
  - 4 Ensure that all service notes reflect the assessment of progress toward goals.
  - 5 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 6 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: NATIONAL MENTOR HEALTHCARE LLC / 0001-8300302**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Provider has initiated trainings for staff and implemented new process since last review.
- 2 Provider has incorporated audit tool into QA/QI process.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect the purpose of contact.
  - 2 Ensure that all service notes relate to goals listed in the service plan.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: NEW LIFE SERVICES INC / 0001-8300185**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure staff receive documentation training on interventions, progress toward goals.
- 2 Ensure that the PCP guidelines are followed in developing the PCP.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that there is a service note entry for every service event billed.
  - 4 Ensure that all service notes reflect staff intervention.
  - 5 Ensure that all service notes relate to goals listed in the service plan.
  - 6 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 7 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 8 Ensure that all service notes/service plans are individualized per person.
  - 9 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 10 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: OUTREACH HOME HEALTH SERVICES / 0001-8301026**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that PCP is completed per PCP Instructions dated 7/13/06.

- 3 Ensure that there is a service note entry for every service event billed.
  - 4 Ensure that all service notes reflect staff intervention.
  - 5 Ensure that all service notes reflect purpose of contact, staff intervention and reflect the assessment of progress toward goals.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 8 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 9 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 10 Ensure that authorizations are in place to cover the date of service.
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----- **Prov. Name / Num: POWER UP YOUTH SERVICES / 0001-8301512**

----- **Comment Type: General Comments**

----- Level: provider

- 1 This provider was unable to provide the following information: service notes dated 10/13/06 for xxxxxxxx; service note date 11/1/06 for xxxxxxxx.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure PCP are complete.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure that Professional is not using stamp but handwritten signature on orders.
  - 3 Ensure the service plan is current with the date of service.
  - 4 Ensure that plan dates and signature dates are the same.
  - 5 Ensure that all documentation is signed by the person who provided the service.
  - 6 Ensure that there is a service note entry for every service event billed.
  - 7 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 8 Ensure that all service notes relate to goals listed in the service plan.
  - 9 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 10 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 11 Ensure that authorizations are in place to cover the date of service.
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----- **Prov. Name / Num: PREFERRED ALTERNATIVES INC / 0001-8300511**

----- **Comment Type: Recommendations**



----- Level: provider

- 1 Annual review date of medication necessity - reordering date missing.
- 2 QP to be careful about changing the duration of time on the service notes.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: PREMIER BEHAVIORAL SERVICES INC / 0001-8300573**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that PCP's are developed/written according to PCP instructions dated 7/13/06.
  - 4 Ensure that all service notes reflect the purpose of contact.
  - 5 Ensure that all service notes reflect staff intervention.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 9 Ensure that all service notes/service plans are individualized per person.
  - 10 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: PRIMARY HEALTH CHOICE INC / 0001-8300600**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: PRIMARY HEALTH CHOICE INC / 0001-8300601**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
  - 2 Ensure that all service notes reflect staff intervention.
  - 3 Ensure that all service notes reflect the assessment of progress toward goals.
  - 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: RALM, INC / 0001-8300752**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Make sure interview sheets are completed.
- 2 Make sure goals relate to mental health issues.
- 3 Symptoms/observations should relate to mental health diagnosis and goals relate back to symptoms/observations.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all service notes reflect staff intervention.
  - 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 6 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: SOPHIA B PIERCE AND ASSOC INC / 0001-8301248**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 PCP needs to include interview with everyone important to the person.
- 2 On PCP Recommendation for Services/Support/Treatment should list the recommended services.
- 3 Goals on plan should be measurable and relate back to diagnosis and symptoms.
- 4 Crisis Plan needs to have details related to prevention of a crisis and what to do in the event of a crisis. Cell phone number for First Responder should be included.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure that PCP is written per PCP instructions.
  - 3 Ensure that all service notes reflect the purpose of contact.
  - 4 Ensure that all service notes reflect staff intervention.
  - 5 Ensure that all service notes reflect the assessment of progress toward goals.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that all service notes/service plans are individualized per person.
  - 9 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 10 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 11 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: Southeastern Behavioral Hlthcare / 0001-8300842**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 AP cannot do case management functions.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that PCPs are completed per the PCP instructions dated 7/13/06.
  - 4 Ensure that there is a service note entry for every service event billed.
  - 5 Ensure that all service notes reflect the assessment of progress toward goals.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 9 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 10 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: STEPHENS OUTREACH CENTER INC / 0001-8301487**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that PCP's are written/developed per PCP instructions dated 7/13/06.
  - 4 Ensure that all service notes reflect the purpose of contact.
  - 5 Ensure that all service notes reflect the assessment of progress toward goals.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 9 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 10 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: SUNSHINE CENTER, INC. / 0001-8301159**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Provider was 6 hours late for audit. Provider called and said a crisis had prevented them from attending audit on time.
- 2 This provider received their initial letter announcing their Medicaid audit for phase II on 3/27/07. The letter outlined the complete audit process and indicated all materials that were needed on-site for the audit. This letter also included copies of the audit tools, audit instructions and plan of correction information. On 3/27/07, this provider received the list of records to be audited on their scheduled audit date of 4/5/07. At the beginning of the audit, the items needed for the audit were reviewed and the provider was informed of the deadline time that day to have all items available. This provider was unable to provide the following information: chart for control #40 and #48. Provider claims they were not asked to bring this particular record.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all documentation is signed by the person who provided the service.
  - 2 Ensure that there is a service note entry for every service event billed.
  - 3 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: SUPERIOR HEALTHCARE SERVICES INC / 0001-8301542**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Review client's needs to see if other services would be beneficial.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes relate to goals listed in the service plan.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments
  - 3 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: TOWERGATE INC YOUTH AND FMLY SVC / 0001-8301045**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Change your "Activity Code" from CBS (service notes).

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure that PCP is complete per PCP guidelines/instructions dated 7/13/07.
  - 3 Ensure that all service notes reflect staff intervention.
  - 4 Ensure that all service notes reflect the assessment of progress toward goals.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 7 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: W B HEALTH CARE / 0001-8300702**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCP's are written per instructions for PCP.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that all service notes/service plans are individualized per person.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: WHITE ALTERNATIVE SERVICES INC / 0001-8301165**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all documentation is signed by the person who provided the service.
  - 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: YOUR NEW BEGINNING / 0001-8301267**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Recommend documentation training and PCP training.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all service notes reflect staff intervention.
  - 4 Ensure that all service notes relate to goals listed in the service plan.
  - 5 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 6 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 8 Ensure that authorizations are in place to cover the date of service.
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**-- Site: Winston-Salem**

---- **Parent Name / Num: N/A**

----- **Prov. Name / Num: A TOUCH FROM THE HEART / 0001-8301180**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all service notes reflect the purpose of contact.
  - 4 Ensure that all service notes relate to goals listed in the service plan.
  - 5 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: ALPHA OMEGA HEALTH INC / 0001-8300405**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCP is completed using the PCP instructions dated 7/13/06.
  - 2 Ensure that all service notes reflect staff intervention.
  - 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 5 Ensure that authorizations are in place to cover the date of service.
  - 6 Ensure there is a valid service order for the service billed.
- 

----- **Prov. Name / Num: Care Focus / 0001-8301069**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: CARING HANDS HOME HLTH INC / 0001-8300212**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCP's are written per PCP instructions, including service order/medical necessity.
- 2 Ensure that all service notes reflect the assessment of progress toward goals.
- 3 Ensure that all service notes relate to goals listed in the service plan.
- 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.

- 5 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 7 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: CENTER FOR BEHAV AND SOC CHANGE / 0001-8300938**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure staff receive training on PCP guidelines.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that notes are written/signed per service manual.
  - 4 Ensure that all service notes reflect staff intervention.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that all service notes/service plans are individualized per person.
  - 7 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 8 Ensure that authorizations are in place to cover the date of service.
- 

----- **Prov. Name / Num: COMMITTED EXCELLENCE SVCS INC / 0001-8301086**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: DREAM MAKERS ASSISTED LIVING SER / 0001-8301025**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 2 Ensure that all service notes/service plans are individualized per person.
  - 3 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: Embrenche / 0001-8300216**

----- **Comment Type: Required Corrective Actions**

----- Level: provider



- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 2 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: G AND D QUALITY CARE INC / 0001-8300939**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Case manager need to break down the "broad/generalized" goals into individual goals. Para professionals will be able to document on a number of goals instead of one.
- 2 Crisis plan is not descriptive and detailed. Refer to PCP instructions dated 7/19/06.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that there is a service note entry for every service event billed.
- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 4 Ensure that all service notes/service plans are individualized per person.
- 5 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 6 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: G and D Residential Svcs LLC / 0001-8300792**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Best practice would be to let person signing PCP write in date and DO NOT PRE-PRINT.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 3 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: HAMILTON SERVICES LLC / 0001-8300614**

----- **Comment Type: General Comments**

----- Level: provider

- 1 This provider received their initial letter announcing their Medicaid audit on 3/29/07. The letter outlined the complete audit process and indicated all materials that were needed on-site for the audit. This letter also included copies of the audit tools, audit instructions and plan of correction information. On 3/29/07, this provider received the list of records to be audited on their scheduled audit date of 4/10/07. At the beginning of the audit, the items needed for the audit were reviewed and the provider was informed of the deadline time that day to have all items available. This provider presented 2 sets of documentation which did not match for the same consumer/same dates (10/06).

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Recommend goals and notes NOT be daily living related.
- 2 Recommend progress be noted i.e. there was not any evidence of progress.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that goals are written to relate to mental health diagnosis and symptoms/observations of mental health diagnosis.
  - 2 Ensure that all service notes reflect staff intervention.
  - 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that all service notes/service plans are individualized per person.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: HOSANNA HOUSE OF TRANSITION INC / 0001-8301490**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Individualize interventions in goals.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that all documentation is signed by the person who provided the service.
- 4 Ensure that there is a service note entry for every service event billed.
- 5 Ensure that all service notes reflect staff intervention.
- 6 Ensure that all service notes relate to goals listed in the service plan.
- 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 8 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 9 Ensure that service notes indicates the duration of the service and that it matches the units billed.

10 Ensure that service notes reflect treatment for the duration of service that was billed.

11 Ensure that authorizations are in place to cover the date of service.

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----- **Prov. Name / Num: ISLEYS HANDS ON CARE INC / 0001-8300905**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that PCP is completed using the PCP instructions dated 7/13/06.
- 3 Ensure that all service notes reflect staff intervention.
- 4 Ensure that all service notes reflect the assessment of progress toward goals.
- 5 Ensure that QP notes are full narrative notes, no checklists.
- 6 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 7 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 8 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: LIFE ENHANCEMENT SERVICES LLC / 0001-8301361**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Recommend breaking down the broad clinical goal into various symptom related goals.
- 2 Recommend reflecting "actual hours" on the documentation.
- 3 Make sure ALL dates are on forms/documentation.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that there is a service note entry for every service event billed.
- 2 Ensure that all service notes reflect staff intervention.
- 3 Ensure that all service notes relate to goals listed in the service plan.
- 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 6 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 7 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: MAKIN CHOICES INC / 0001-8301560**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: My Sisters Place / 0001-8300448**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCP is written per instructions dated 7/13/06.
  - 2 Ensure that there is a service note entry for every service event billed.
  - 3 Ensure that all service notes relate to goals listed in the service plan.
  - 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 5 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 6 Ensure that all service notes/service plans are individualized per person.
  - 7 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 8 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: Nature's Reflections / 0001-8300609**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Service notes should clearly identify the activity (not just buzz words - be sure to elaborate in 'own words'); assure that notes not only clearly identify duration of intervention but also duration of treatment (as related to plan). Review diagnosis and presenting problem to assure consumer wouldn't better benefit from a higher level of care.
- 

----- **Prov. Name / Num: NEW LITE LIVING CHOICES INC / 0001-8300407**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Review PCP plan instructions for plan development dates, signatures.
- 2 Keep documentation from Value Options pertaining to authorizations.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
- 2 Ensure that all service notes reflect the assessment of progress toward goals.

- 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 5 Ensure that authorizations are in place to cover the date of service.
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----- **Prov. Name / Num: NORTH INC / 0001-8300480**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that service orders have original signatures and dates, no stamps unless ADA exception.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that service notes are full narrative notes (no checksheets) and include purpose, intervention and assessment of progress toward goals.
  - 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 5 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: PINNACLE HOMES DDA LLC / 0001-8301617**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Provider stated that copies of Value Options faxes are at the office.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 PCPs should include the consumer listed in the section of who participated - in addition to anyone who is important to the person.
- 2 Goals should be measurable and related to mental health issues and diagnosis.
- 3 Recommend looking into personal assistance/care for some individuals living in group home.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 5 Ensure that authorizations are in place to cover the date of service.
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----- **Prov. Name / Num: PINNACLE HOMES, DDA, LLC / 0001-8301629**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure staff review Medicaid rules on late entries.
- 2 Ensure staff receive documentation training for Community Support Services.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
  - 2 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 3 Ensure that all service notes reflect the purpose of contact.
  - 4 Ensure that all service notes reflect staff intervention.
  - 5 Ensure that all service notes reflect the assessment of progress toward goals.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 9 Ensure that authorizations are in place to cover the date of service.
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----- **Prov. Name / Num: POSITIVE CARE / 0001-8301566**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all documentation is signed by the person who provided the service.
  - 4 Ensure that all service notes reflect the purpose of contact.
  - 5 Ensure that service note reflects staff intervention that relate to goals in the PCP.
  - 6 Ensure that in the PCP Community Support documentation relates only to the Community Support goals.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that interventions in notes are not duplicated/canned.
  - 9 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 10 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 11 Ensure that authorizations are in place to cover the date of service.
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----- **Prov. Name / Num: PQA Healthcare / 0001-8300631**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: PROFESSIONAL FAMILY CARE SVCS / 0001-8300930**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
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----- **Prov. Name / Num: SELECTIVE CHOICES FOR SVCS INC / 0001-8300508**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that there is a service note entry for every service event billed.
  - 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 5 Ensure that all service notes/service plans are individualized per person.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: SRFC, INC / 0001-8301117**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
  - 2 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 3 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: SYLVANGLADE HOMES INC / 0001-8301399**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure that service plans are written according to PCP instructions.

- 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 5 Ensure that authorizations are in place to cover the date of service.
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----- **Prov. Name / Num: THE BAKERS HOUSE / 0001-8301455**

----- **Comment Type: General Comments**

----- Level: provider

- 1 Notes are EXTREMELY SIMILAR for every date of service audited on one consumer.

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Make sure records include a copy of the diagnostic assessment.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCP is completed using the PCP instructions dated 7/13/06.
  - 2 Ensure that signatures on documentation include the degree, credentials, license (for professional staff), or the position name for paraprofessional staff.
  - 3 Ensure that all service notes reflect staff intervention.
  - 4 Ensure that all service notes reflect the assessment of progress toward goals.
  - 5 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 6 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 7 Ensure that authorizations are in place to cover the date of service.
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----- **Prov. Name / Num: THE RIGHT CHOICE MWM INC / 0001-8301285**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that KR Service Records Manual is followed in regard to use of Electronic Signatures.
- 2 Ensure that all service notes reflect staff intervention.
- 3 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 4 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 5 Ensure that all service notes/service plans are individualized per person.
- 6 Ensure that service notes indicates the duration of the service and that it matches the units billed.
- 7 Ensure that service notes reflect treatment for the duration of service that was billed.



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----- **Prov. Name / Num: THERAPEUTIC BEHAVIORAL SERVICES / 0001-8301297**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
- 2 Ensure the service plan is current with the date of service.
- 3 Ensure that service plan is written per PCP instructions dated 7/13/06.
- 4 Ensure that staff use signatures and not printed names.
- 5 Ensure that all service notes reflect the purpose of contact.
- 6 Ensure that all service notes reflect staff intervention.
- 7 Ensure that all service notes relate to goals listed in the service plan.
- 8 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 9 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
- 10 Ensure that all service notes/service plans are individualized per person.
- 11 Ensure that service notes reflect treatment for the duration of service that was billed.
- 12 Ensure that goals relate back to mental health diagnosis, symptoms and observations.

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----- **Prov. Name / Num: TONYA OMAR / 0001-8301525**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that all service notes reflect staff intervention.
- 2 Ensure that all service notes reflect the assessment of progress toward goals.
- 3 Ensure that all service notes relate to goals listed in the service plan.
- 4 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
- 5 Ensure that service notes reflect treatment for the duration of service that was billed.

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----- **Prov. Name / Num: TOP PRIORITY CARE SVCS LLC / 0001-8300513**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Have charts in a binder so papers will not get misplaced.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that PCP is written per PCP instructions.

- 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: TRANSCENDING MINDS INC / 0001-8301462**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 PCPs include people who know the person best. PCPs list observations/symptoms.
- 2 Make sure all Axis are completed on PCP.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that all documentation is signed by the person who provided the service.
  - 4 Ensure that there is a service note entry for every service event billed.
  - 5 Ensure that all service notes reflect staff intervention.
  - 6 Ensure that all service notes relate to goals listed in the service plan.
  - 7 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 8 Ensure that all service notes/service plans are individualized per person.
  - 9 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 10 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: TRIAD COORDINATED SERVICES INC / 0001-8301263**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
- 

----- **Prov. Name / Num: UNIQUE ASSISTANCE LLC / 0001-8301553**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Best practice is to have signee sign and date the signature page.

- 2 Position name for paraprofessionals to be included after signature.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 2 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: UNITED YOUTH CARE SERVICES INC / 0001-8300941**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Recommend documenting the actual time spent working on the goals on each individual note.
- 2 Recommend writing goals based on symptoms of the diagnosis.
- 3 Recommend organizing charts in a more appropriate manner.
- 4 Recommend sending PCP to doctor or whoever signs service order instead of only sending the signature page.
- 5 Ensure consumer has mental illness - not just MR.
- 6 Diagnostic Assessment should be completed by 2 licensed professionals, one of which must be a psychologist.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that there is a service note entry for every service event billed.
  - 4 Ensure that all service notes reflect staff intervention.
  - 5 Ensure that all service notes relate to goals listed in the service plan.
  - 6 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 7 Ensure that all service notes/service plans are individualized per person.
  - 8 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 9 Ensure that service notes reflect treatment for the duration of service that was billed.
  - 10 Ensure that authorizations are in place to cover the date of service.
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----- **Prov. Name / Num: UNLIMITED OPPORTUNITES LLC / 0001-8301372**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 May want to document actual time spent on each goal. ex. 8:00 am - 9:00 am

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure the service plan is current with the date of service.
  - 2 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 3 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 4 Ensure that service notes reflect treatment for the duration of service that was billed.
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----- **Prov. Name / Num: VICTOR AND ASSOCIATES INC / 0001-8301169**

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
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----- **Prov. Name / Num: WESCARE PROFESSIONAL SERVICES LL / 0001-8301541**

----- **Comment Type: Recommendations**

----- Level: provider

- 1 Ensure personal interview sections of PCPs are fully documented (do not leave blank).
- 2 Ensure that service notes reflect skill building to assist individuals in addressing their MH/SA needs. Monitoring as an intervention does not accomplish this.

----- **Comment Type: Required Corrective Actions**

----- Level: provider

- 1 Ensure there is a valid service order for the service billed.
  - 2 Ensure the service plan is current with the date of service.
  - 3 Ensure that service plans (PCP) are written for each individual per the PCP instructions.
  - 4 Ensure that all service notes reflect the purpose of contact.
  - 5 Ensure that all service notes reflect staff intervention.
  - 6 Ensure that the Community Support Adult service notes reflect one to one interventions with the community to develop interpersonal and community coping skills including adaptation to home, school and work environments.
  - 7 Ensure that the Community Support Child service notes reflect one on one interventions with the community to develop interpersonal and community relational skills including adaptation to home, school, work and other natural environments.
  - 8 Ensure that service notes indicates the duration of the service and that it matches the units billed.
  - 9 Ensure that service notes reflect treatment for the duration of service that was billed.
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